PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number 690129.401USPC	
FY 2005				
ees pursuant to the Consolidated Appropriation	ns Act, 2005 (H.R.	4818).)		
Application Number 10/570,058			Int'l Filed August 27, 2004	
		E I COLLAG	SEN EX	TRACT AND
nit			Exami	ner
nis is a request under the provisions of 37 CFI	R 1.136(a) to exte	end the perio	d for fil	ing a
ply in the above identified application.				
	(check time peri	od desired a	ind ente	er the appropriate
e below).	Fee	Small Entity Fee		
One month (37 CFR 1.17(a)(1))	\$120	\$6	0	\$
Two months (37 CFR 1.17(a)(2))	\$450	\$2	25	\$
Three months (37 CFR 1.17(a)(3))	\$1020	\$5	10	\$
Four months (37 CFR 1.17(a)(4))	\$1590	\$7	95	\$ <u>1590</u>
Five months (37 CFR 1.17(a)(5))	\$2160	\$10	80	\$
Applicant claims small entity status. See 37	CFR 1.27.			
**				
Payment by credit card. Form PTO-2038 is	attached.			
		nie		
application to a Deposit Account.	onargo roco in a			
The Director is hereby authorized to charge the above fees, or credit any overpayment,				
to Deposit Account Number 19-1090.				
ım the 🗌 applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71				
Statement under 37 CFR 3.73(b)	is enclosed (Forn	n PTO/SB/9	6).	
attorney or agent of record. Registra	ation No. <u>44,614</u>			
attorney or agent under 37 CFR 1.34	l.			
Registration number if acting under	37 CFR 1.34.	_·		
/William Christiansen/		i	May 29,	2007
Signature		Date		
William T. Christiansen, Ph.D.		206-622-4900		
Typed or printed name		Telephone Number		
	FY 2005 Fees pursuant to the Consolidated Appropriation Cation Number 10/570,058 MEDICAL AND HEALTH-CARE USES OF PCESSES FOR PRODUCING SAID EXTRACT init Inis is a request under the provisions of 37 CFI ply in the above identified application. The requested extension and fee are as follows below): One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(3)) Applicant claims small entity status. See 37 A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is The Director has already been authorized to application to a Deposit Account. The Director has already been authorized to charge to Deposit Account Number 19-1090. WARNING: Information on this form may be cincluded on this form. Provide credit card inform the paplicant/inventor. assignee of record of the entire interstatement under 37 CFR 3.73(b) attorney or agent under 37 CFR 3.73(c) attorney or agent under 37 CFR 3.73(c) Mattorney or agent under 37 CFR 3.73(c) Signature William Christiansen/	FY 2005 The sear pursuant to the Consolidated Appropriations Act, 2005 (H.R. cation Number 10/570,058) MEDICAL AND HEALTH-CARE USES OF PUFFERFISH TYPECESSES FOR PRODUCING SAID EXTRACT init init is is a request under the provisions of 37 CFR 1.136(a) to extend the above identified application. The requested extension and fee are as follows (check time perie e below): The one month (37 CFR 1.17(a)(1)) Tho months (37 CFR 1.17(a)(2)) Fee One month (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) Four months (37 CFR 1.17(a)(5)) Four months (37 CFR 1.17(a)(5)) Five months (37 CFR 1.17(a)(5) Five months (37 CFR 1.17	FY 2005 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4815).) cation Number 10/570,058 MEDICAL AND HEALTH-CARE USES OF PUFFERFISH TYPE I COLLAC CESSES FOR PRODUCING SAID EXTRACT nit nits is a request under the provisions of 37 CFR 1.136(a) to extend the period ply in the above identified application. re requested extension and fee are as follows (check time period desired a e below): One month (37 CFR 1.17(a)(1))	ITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).) Cation Number 10/570,058 MEDICAL AND HEALTH-CARE USES OF PUFFERFISH TYPE I COLLAGEN EXCESSES FOR PRODUCING SAID EXTRACT nit

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, Po. Soc 1459, Assandis, VA 22313-1450.

963930_1.DOC